

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10 574193** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			6			
2				1		
3						
4						
5						
6						
7						
8				1		
9						
10			1			
11				1		
12						
13						
14						
15						
16						
17						
18				1		
19			1			
20				1		
21						
22						
23						
24			1			
25				1		
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29			1			
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48						
49						
50						
TOTAL IND.		↓	6	↓		↓
TOTAL DEP.	←		24	←	←	
TOTAL CLAIMS			30			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS						